24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Restoration PAC	C C00571588
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Harris Media, LLC	Date of Public Distribution/Dissemination
	10 02 2018
Mailing Address 2131 Theo Drive	Amount
City State Zip Code	200000.00
Austin TX 78723	Transaction ID : SE.7625 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (placement cost) Category/ Type 004	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
TESTER, JON, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	orsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Harris Media, LLC	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2131 Theo Drive	Amount
City State Zip Code	7500.00
Austin TX 78723	Transaction ID : SE.7626 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (production cost) Category/ Type 004	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
TESTER, JON, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disbute 2018	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	207500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
	0 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Restoration PAC	C C00571588	
Check if 24-hour report	report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Reed Media Partners, LLC	Date of Public Distribution/Dissemination	
Mailing Address 1320 N. Courthouse Rd., Ste. 130	10 02 2018 Amount	
City State Zip Code Arlington VA 22201	20000.00 Transaction ID : SE.7623	
Purpose of Expenditure TV advertising (production cost) Category/	Date of Disbursement or Obligation 004 007 007 008	
Name of Federal Candidate Type Suppo		
TESTER, JON, , ,		
Calendar Year-To-Date Per Election for Office Sought 553185.00	Disbursement For: Y Primary General	
Full Name of Payee Strategic Media Services, Inc.	Date of Public Distribution/Dissemination	
Mailing Address 1911 North Ft. Myer Drive	Amount	
Suite 400	50000000	
City State Zip Code Arlington VA 22209	503640.00 Transaction ID : SE.7624 Date of Disbursement or Obligation	
Purpose of Expenditure TV advertising (placement cost) Category/ Type	004 09 / D 27 / Y Y Y Y Y Y Y	
Name of Federal Candidate Support TESTER, JON, , ,	MT	
Calendar Year-To-Date	Disbursement For: X Primary General	
Per Election for Office Sought 1256825.00	2018 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	523640.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	······ ·	
(c) TOTAL Independent Expenditures	731140.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gaskill, Sherry, , , [Electronically Filed] Signature	Date 10 / 04 / 2018	